NHS Long Term Plan - impact on general practice

NHS England has launched its much delayed long-term plan (LTP) for the NHS setting out its vision for the future of NHS services. The aims for improving the health service link to a new service model and support for staff, especially around improving preventive care and health inequalities, improving care quality and outcomes, and also focuses on expanding digital services.

While the plan spans the NHS as a whole, there is also an important and clear commitment to increase the proportion of NHS investment spent on primary medical and community services. This briefing outlines what the plan says and means for GPs and practices. The BMA's wider briefing for all doctors will be published shortly.

Increased funding for primary and community care

The Plan contains a new guarantee that investment in primary medical and community care will increase at a higher rate than the overall NHS budget. The previously announced £3.5bn for primary medical care and community services has been increased to £4.5bn, in part as a result of our current contract negotiations. This is the first time in the history of the NHS that real terms funding for primary and community health services is guaranteed to grow faster than the rising NHS budget overall. This is a 'floor' level of investment that is being nationally guaranteed, that local clinical commissioning groups and ICSs are likely to supplement further. This investment guarantee will fund demand pressures, workforce expansion, and new services to meet relevant goals set out across the plan.

Primary Care Networks

Primary Care Networks will be developed, supporting closer integration of care within the primary and community sector. This will mean groups of practices working together, with an increased multi-disciplinary workforce, in conjunction with increases to the community sector workforce, to make decisions about care delivery for populations of approx. 30-50,000. These networks will be formalised within the GP contract and will be general practice led. New funding, taken from the £4.5bn dedicated to primary and community care, will flow through the networks, linked to additional staff, augmenting services and greater collaborative working. CCGs may move local contracts for enhanced services and add these to the network contract.

PCNs will be offered a new 'shared savings' scheme so that they can benefit from actions to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication through pharmacist review.

Workforce shortages in general practice

While the new primary care network will facilitate the increase in the multi-disciplinary workforce (including clinical pharmacists, first contact physiotherapists, community paramedics, physicians associates and social prescribers), the plan also outlines the need for more GPs and more community nurses. The government's commitment to increase the GP workforce by 5,000 has been extended, without a deadline. The upcoming report of the partnership review might provide some insight into how this might be achievable.

One initiative suggested in the plan is a new two-year fellowship for newly qualified doctors and nurses entering general practice. There is also the suggestion that digital provision of GP services can help expand the GP workforce by providing flexible part-time working. A workforce implementation plan will be published later in 2019.

Other contract changes

Changes to QOF, to support more personalised care, amend some indicators based on best evidence and remove some less beneficial indicators, will be introduced following the recent QOF review and subject to current GP negotiations. A new Quality Improvement domain would then also be introduced.

A review of vaccinations and immunisations standards, funding and procurement will commence shortly. GPC will be involved in this review and the outcomes will be subject to negotiation.

The plan re-states the government's commitment to a new state-backed indemnity scheme from April 2019. GPC has been negotiating the scheme, with details expected to be published imminently.

The plan also commits to implementing the forthcoming premises review for primary care, as part of its reforms to the NHS capital regime. GPC has been involved in this review, and is currently discussing the final report and recommendations.

Digital access to GP services

The Plan highlights a range of digital goals related to general practice, including a commitment to enable all practices to do video consultations, to offer more online booking, online repeat prescribing ordering and for NHS 111 to make direct bookings for GP appointments. Whilst patients will continue to be able to choose to be registered with digital-first providers, the plan outlines that steps will be taken to address the financial issues related to this as well as committing to review the out of area registration arrangement. Again all of these elements have been included within the current contract negotiations.

Integration of care

Integrated Care Systems will be rolled out by April 2021, with the aim of delivering 'triple integration' of primary and specialist care, physical and mental health services, and health with social care. These may be formalised within legislation.

From 2019, the new Integrated Care Provider contract will be available for a single lead provider to manage the integrated care system. These contracts would be held by public statutory providers. GPs and networks will need to remain cognisant of developments in their area and ensure they, with the LMCs, have a voice within any ICS, and are able to influence any ICP decisions.

Care services

From a clinical perspective, the plan outlines that primary and community services will support people in the home as well as enhanced support for those in care homes. There is particular focus on more preventative work on smoking, obesity and drug and alcohol abuse.

Across the whole NHS, the plan states the intention to improve care for children and young people: specifically, improving maternity and neonatal services, mental health services, learning disability and autism, and cancer care. Other major health conditions where the NHS intends to focus efforts is services around cancer care, cardiovascular disease, stroke, diabetes, respiratory disease and both child and adult mental health services.

Changes to competition and procurement rules

The plan ends with some information about moving away from the counter-productive NHS Health and Social Care Act's competition and procurement rules, something the BMA has been campaigning for and is pleased to see NHS England and the government now acting on.